OCT 0 6 2008

## TRANSMITTAL FORM

FORM
(to be used for all correspondence after initial filing)

Application Number 10/743,991

Filing Date December 23, 2003

First Named Inventor Dennis Michael Connolly

Group Art Unit 1637

Examiner Name S. Woolwine

Total Number of Pages in This	Submission	16	Attorney Docket Number		201448/291
Total Number of Pages in This  Fee Transmittal Form  Fee Attached  After Final  Affidavits/declaration(s)  Extension of Time Request ( Express Abandonment Request ( Certified Copy of Priority Document(s)  Response to Notice to File Mancomplete Application (\$	(\$555.00)  est  ement (\$)  fissing Parts/)  File Missing	ENCLOSU  Assignm for an A Drawing Declarat Licensin Petition Petition Applicat Change Termina Request	RES (check all that apply) ment Papers Application) ((s) cion and Power of Attorney mg-related Papers ((\$) to Convert to a Provisional		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (\$) (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Request for Corrected Filing Receipt with Enclosures A self-addressed, prepaid postcard for acknowledging receipt Check in the amount of \$ Other Enclosure(s) (please identify below):  Payment by Credit Card. Form PTO-2038 is attached
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Firm or Individual name		Nano-Techno			
Signature	1	M. W			Registration No. 40,964
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PTO/SB/17 (10-08)

Approved for use through 06/30/2010, OMB 0651-0032

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FILING FEED ACQUIR To the above-identified deposit account Number 50-3519    Check   Credit Card   Money Order   None   Other (please identify);	AFRICA Effect	tive on 12/08/2	2004.				Complete if Knov	vn
FOR FY 2009    First Named Inventor   Dennis Michael Connolly   Examiner Name   S. Woolwine   Art Unit   1637     Applicant claims small entity status. See 37 CFR 1.27   Attorney Docket No.   201448/291	Under the Paperwork Reduction Fees pursuant to the Consoli	dated Appropri	ations Act, 2005 (H.I	R. 4818).	Application Nu	mber	10/743,991	
FOR FY 2009    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$)   555.00   Attorney Docket No.   201448/291    METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Money Order   None   Other (please identify):		<b>ENS</b>	šIVII I <i>I I</i>	AL [	Filing Date		December 23, 20	03
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the charge fee(s) fee(								
Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  MARNING: Information on this form may become public. Credit card Information should not be Included on this form. Provide credit information and authorization on PTO-2038.  FEE CALCULATION  I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small Entity Application Type Fee (\$) F					Deposit A	ccount Na	me: Integrated N	ano-Tech.
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Other (e.g., late filing surcharge): Request for Three Month Extension of Time								Fees

egistration No. 40,964 Signature Telephone 585-334-0170 (Attorney/Agent) Name (Print/Type) Dennis M. Connolly Date 10/3/2008

This collection of information is required by 37 C/R 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the € work Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number MADEMAN Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/743,991 TRANSMI December 23, 2003 Filing Date For FY 2009 First Named Inventor Dennis Michael Connolly **Examiner Name** S. Woolwine Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1637 **TOTAL AMOUNT OF PAYMENT** 201448/291 555.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-3519 Deposit Account Name: Integrated Nano-Tech. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 220 165 540 270 110 140 70 <sup>:</sup> 220 Design 110 100 50 170 **85** : **Plant** 220 110 330 165 330 650 540 270 325 Reissue 165 -**Provisional** 220 0 O 0. 0 110 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 26 Each claim over 20 (including Reissues) 52

110 220 Each independent claim over 3 (including Reissues) 390 195 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) Extra Claims Fee (\$) 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Fee (\$) - 3 or HP =

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3. APPLICATION SIZE FEE

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sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Total Sheets 100 =

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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Request for Three Month Extension of Time

555.00

SUBMITTED BY Registration No. 40,964 Telephone 585-334-0170 Signature (Attorney/Agent) Date 10/3/2008 Name (Print/Type) Dennis M. Connolly

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